## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

1. Entity Name THE MASONIC CHARITIES OF FLORIDA, INC.								05-01-2006	90306 04	!9 ****70.	00
Principal Place 220 OCEAN S JACKSONVILL		220	g Address OCEAN STREET SONVILLE, FL 322	:02	<b>.</b>			2 Janu 2001 ASHI 2011 I	1 <b>9</b> 114 <b>8 8</b> 111 <b>8 9</b> 116 11	1984 <b>8</b> 118 <b>5</b> 1141 <b>3 8</b>	111 <b>0</b> 3 <b>0</b> 1 4000
2. Principal Place of Business 3.		3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				03032006	Chg-NP	CR2E0	37 (11/05)	
City & State		Ci	City & State				4. FEI Number 59-327			<del> </del>	oplied For
Zip	Zip Country		Zip C		ıntry					ditional	
	6. Name and Address of Curre	ent Registere	d Agent		İ		7. Name and	Address of New	Registered	Agent	
	D, ROY CONNER				Name		0.0-11-1		1.		
220 OCEAN STREET JACKSONVILLE, FL 32202					Street Address (P.O. Box Number is Not Acceptable)						
					City	<del></del>			FL	Zip Cod	le
	named entity submits this statementions of registered agent.	nt for the purp	ose of changing its	registere	ed office or re	egistere	d agent, or bo	th, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE .	- Classic Control of the Control of										
	Signature, typed or printed name of registered a	gent and title if app	plicable. (NOTE	: Registere	d Agent signature	e required w	then reinstating)		DATE		
	Filing Fee is \$61.25	9. Efection Campaign Financing Trust Fund Contribution.				_					
	Due by May 1, 2006				· · -	_	\$5.00 May B Added to Fees	Se FI	Make chec orida Depa	rtment of S	
10.	Due by May 1, 2006 OFFICERS AND	DIRECTORS	Trust Fund C		· · -		Added to Fees	ANGES TO OFFIC	orida Depa	rtment of S	tate
10.		DIRECTORS	Trust Fund C	ontribut	ion, [		Added to Fees	FI.	orida Depa	rtment of S	tate
	OFFICERS AND	DIRECTORS	Trust Fund C	ontribut	ion.		Added to Fees	FI.	orida Depa	rtment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND D HARRY, ROBERT P JR 1093 A1A BEACH BLVD STE	190	Trust Fund C	11. TITLI NAM	E E E EET ADDRESS		Added to Fees	FI.	orida Depa	rtment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D HARRY, ROBERT P JR 1093 A1A BEACH BLVD STE SAINT AUGUSTINE, FL 3208	190	Trust Fund C	11. TITLE NAM STRE	E E E E ADDRESS -ST-ZIP		Added to Fees	FI.	orida Depa	rtment of S IRECTORS IN Change	tate V 10 Addition
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Inereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that was signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

Roy Connor Skeppard

904

11/20/06

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SIGNATURE: